								Application or Docket Number					
	PATENT A	RD	l										
Effective October 1, 2000													
CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN			
T	TAL CLAIMS		(Column 1)		(Column 2)		TYPE	TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			27				RA	TE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ع 7 minus 20=		* 7		X\$	X\$ 9=		OR	X\$18=	126	
INDEPENDENT CLAIMS			6 minus 3 =		3		X40=			OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT						+13	5=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL	1076		
CLAIMS AS AMENDED - PART II										-	OTHER		
	**	(Column 1) CLAIMS	yer a san warner on a zoone women	(Colur		(Column 3)	SMA	\LL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		= .	X40)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEP			PENDENT	CLAIM					1	070		
•							+13			OR	+270= TOTAL		
							ADDIT.	FEE		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					(Column 3)		.,					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40)=		OR	X80=		
	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT		CLAIM		100	_			070		
							+135	D=)TAL		OR	+270=		
								FEE		OR	TÖTAL ADDIT. FEE		
	(Column 1) (Column 2) (Co												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40	_		•	X80=	ı	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR			
* If the entry in column 1 is long than the optay in column 2 write "0" in column 2										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pai					found in th	е арр	oropriate box	in col	umn 1.		